

A yellow map of Gothenburg, Sweden, serves as the background for the entire slide. The map shows the city's layout, including the harbor, major roads, and surrounding areas.

The Year in Review Mental Health (Adults)

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GOTHENBURG, SWEDEN

Psychosocial burdens.

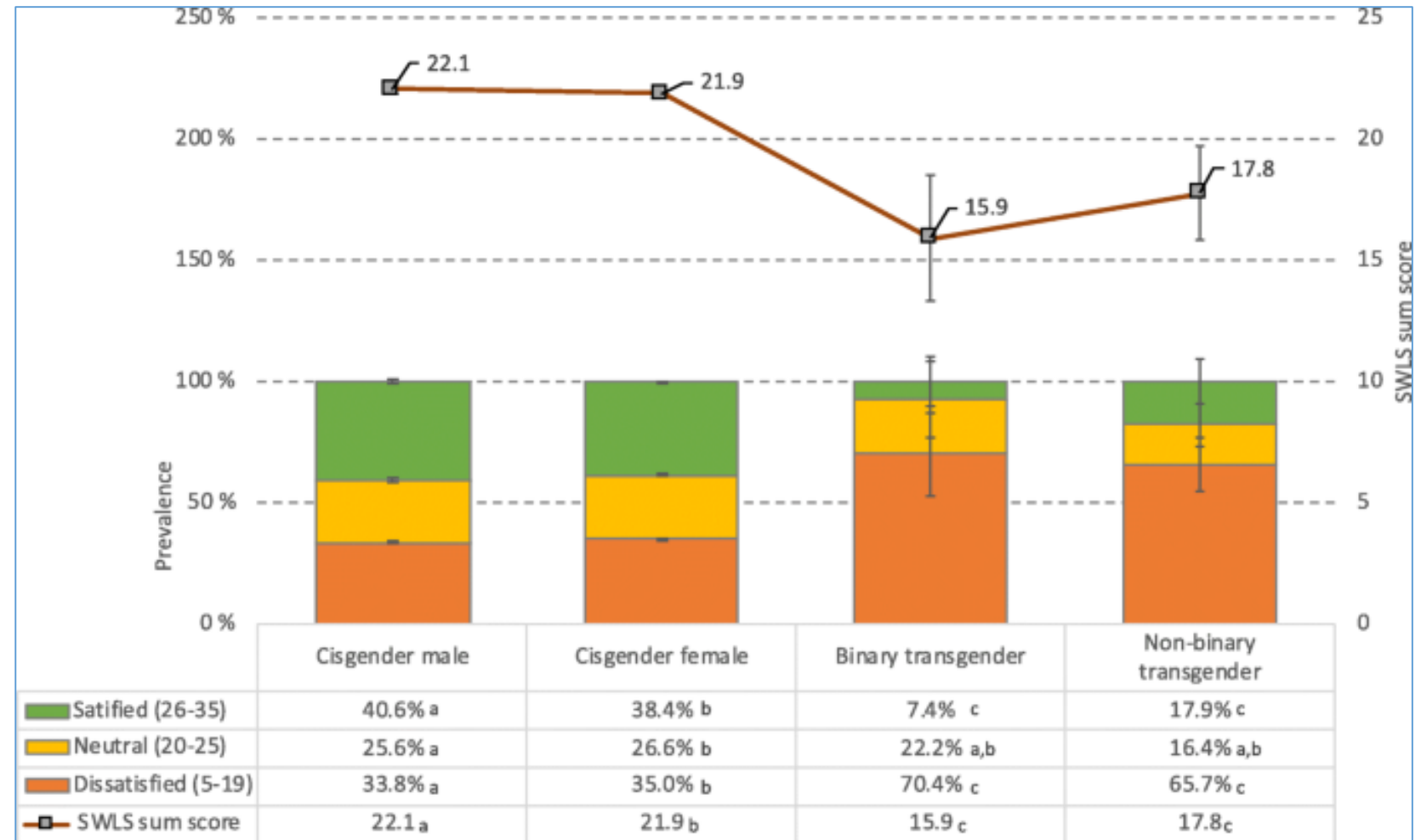


- Anderssen, et al (2020). Students' Health and Wellbeing Study in Norway (2018 data analysed 2020). 50,054 full-time Norwegian students completed an online questionnaire. 5,399 cis males, 34,437 cis females, 28 binary trans people (12 trans women and 16 trans men), 69 non-binary trans people.
- Transgender students reported **significantly more psychosocial burdens on all measures.**

Life satisfaction

70% of binary transgender and 64% of non-binary transgender individuals reported being dissatisfied with their lives.

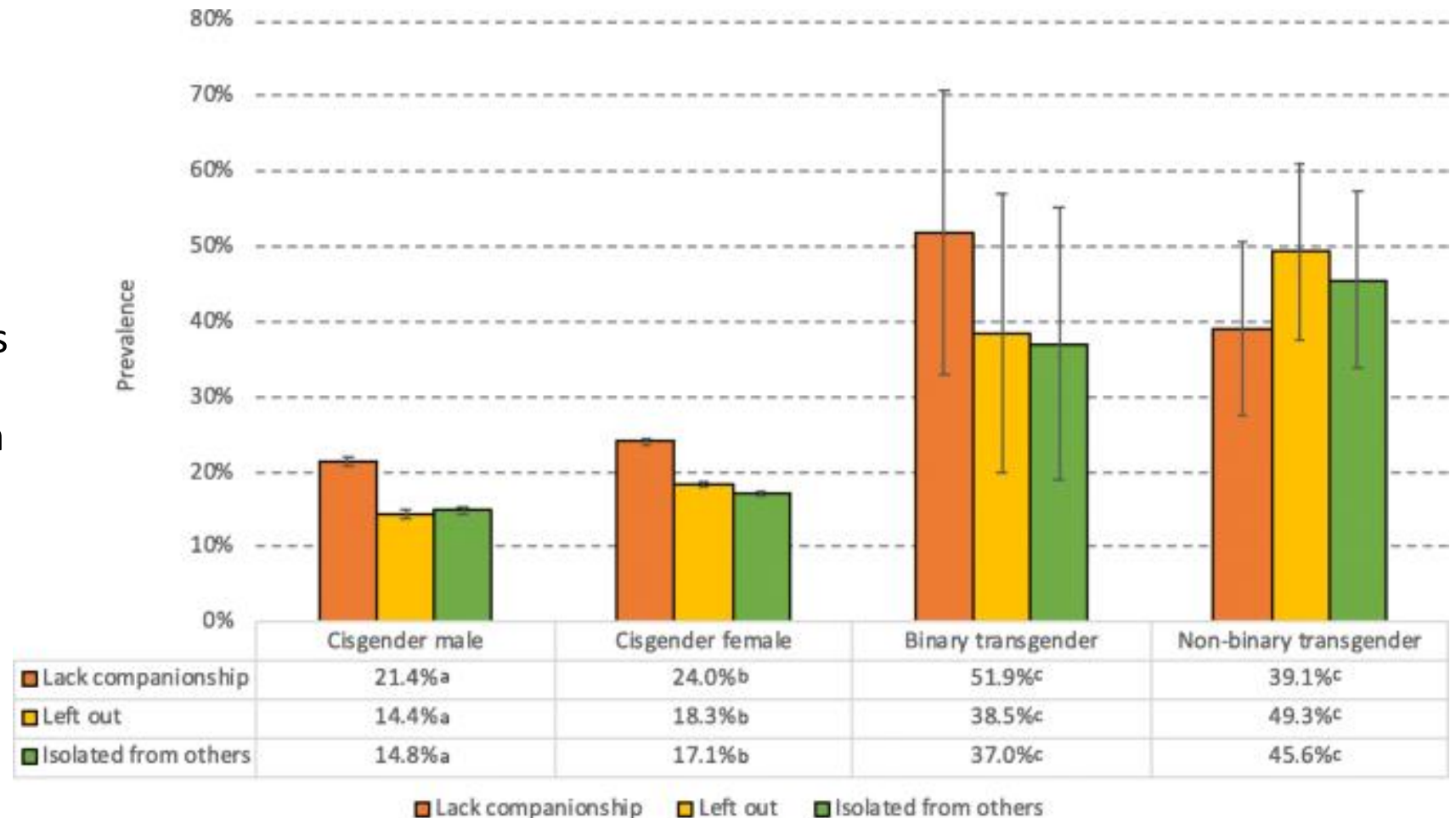
(SWLS < 19), compared to 34–35% among cisgender individuals (χ^2 (df = 6, N = 48,514) = 65.8, $P < .001$).



Loneliness

38–52% of binary trans people
38–48% of non-binary trans people
15–21% cisgender males and
17–24%, cisgender female.

logistic regression analysis showed OR of reporting “often” or “very often” on one of the three loneliness items was 4.02 (95% CI 1.84–8.78) for binary trans people compared to cisgender males and cisgender females, while the OR for non-binary people was 2.72 [95% CI 1.71–4.34]).

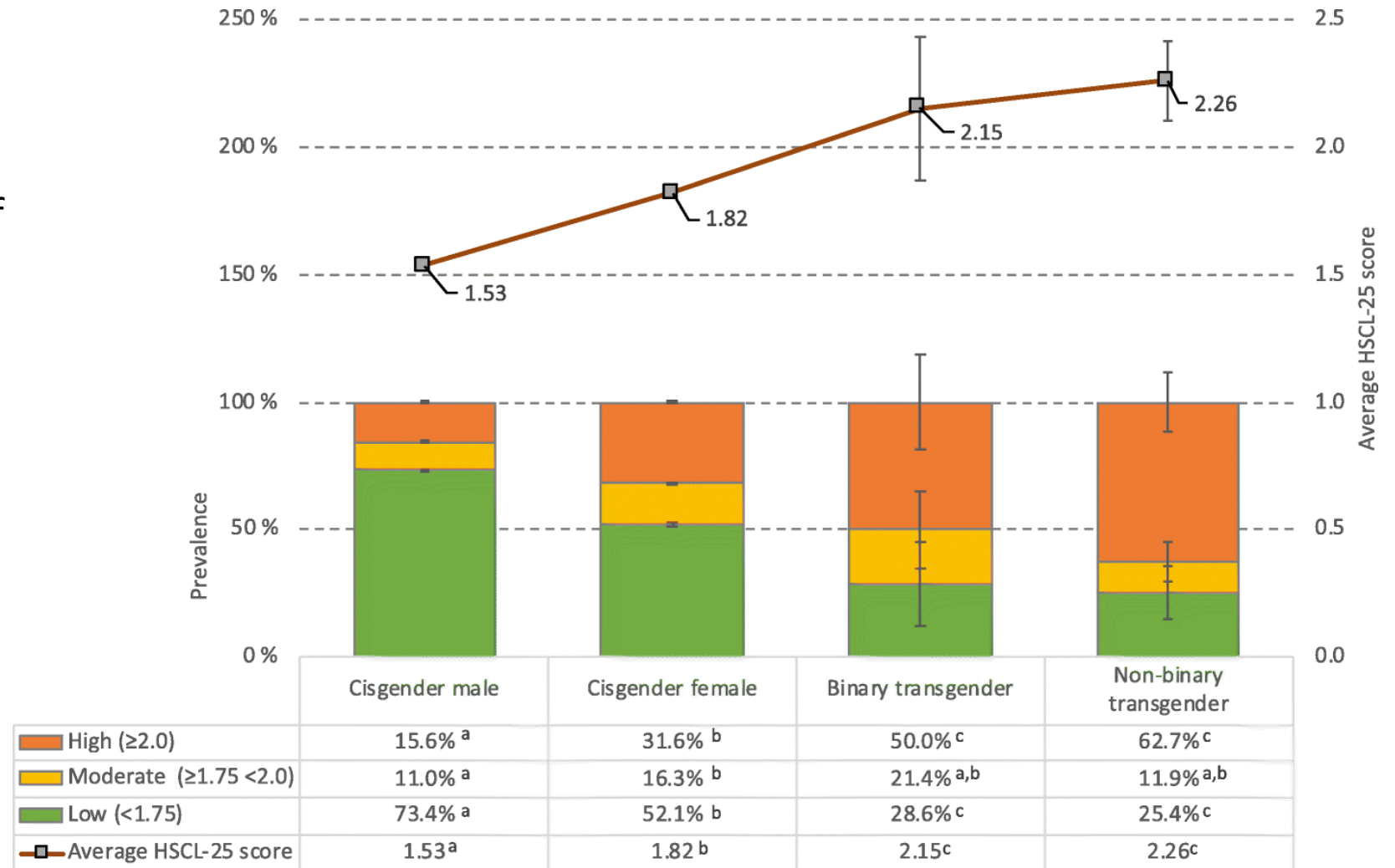


Mental Health Problems

HSCL-25

50.0 % binary, 62.7% of non-binary people >2.0 on the HSCL-25, 15.6% of cis males, 31.6% of cis females (χ^2 [df = 6, N = 49,825] = 2080, $P < .001$).

Average HSCL score:
Binary 2.15 [SD = 0.73],
non-binary 2.26 [SD = 0.64], cis males 1.53 [SD = 0.48], cis females 1.82 [SD = 0.56]; (all P s < .001.)



Mental Health Problems cont...

Mental Health Problems

The OR of reporting a high level of mental health problems was 2.75 (95% CI 1.31–5.75) for binary trans men or trans women compared to cisgender peers, and an even stronger association was observed for non-binary transgender individuals (OR = 4.63 [95% CI 2.82–7.59]).

Mental Disorder

57% binary, 59% of non-binary people, reported having a mental disorder. In comparison, 18% of cis females and 11% of cis males reported this (χ^2 [df = 3, N = 49,933] = 560.7, $P < .001$).

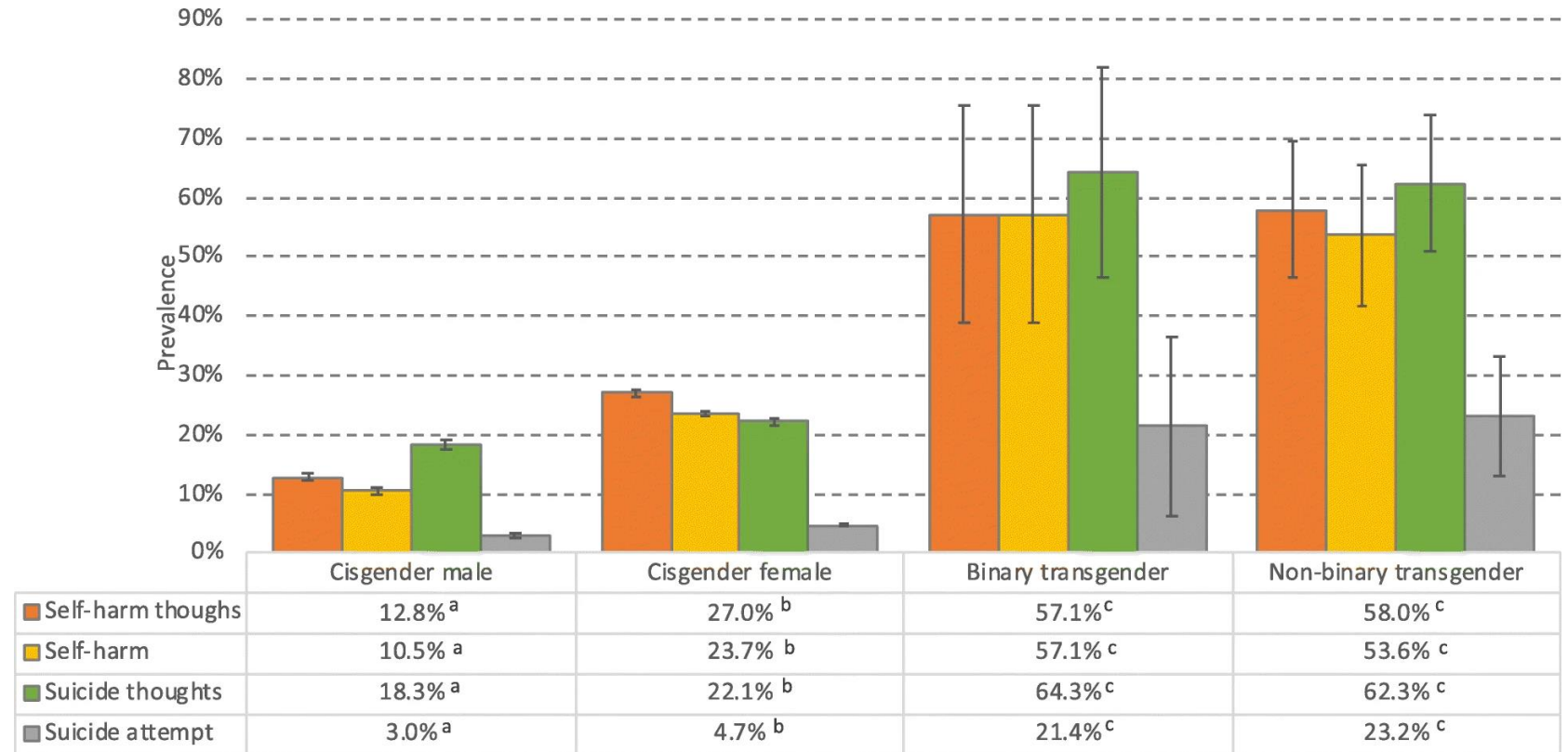
The OR of reporting a mental disorder was 7.29 (95% CI 3.45–15.41) for binary trans people compared to cis males and cis females; and a similarly strong association was observed for non-binary trans people (OR = 8.50 [95% CI 5.24–13.79]).

Self-Harm and Suicidality.

The prevalence of lifetime self-harm and self-harm thoughts ranged from 54 % to 58% in both binary transgender and non-binary people compared to 11–13% in cis males and 24–27% in cis females (all P s < .001).

Suicide attempts:

3% to 5% in cisgender people and **21% to 23% in binary and non-binary trans people.**



Sleep disorders and mental health.

- Hershner, et al (2021). 221,549 North American college students from 2016–2017.
- Transgender identity was reported by 1.6% (n=3471) of United States (US) and 1.7% (n=717) Canadian students. Mean age was 22.5 ±6.
- A higher burden of mood symptoms exists among transgender college students in the US in comparison to Canadian students.
- **Transgender college students have an increased prevalence of sleep disorders.**
- **2-fold increase in depression and anxiety**
- **4-fold increase in suicide attempts**

Suicidality cont...

- Wiepjes et al, (2020). 5107 trans women (median age at first visit 28 years, median follow-up time 10 years) – **41 Suicides, Decrease over time.**
- 3156 trans men (median age at first visit 20 years, median follow-up time 5 years) – **8 Suicides, no change over time.**
- Of all suicides, 14 people were no longer in treatment, 35 were in treatment in the previous two years.
- The mean number of suicides in the years 2013–2017 was higher in the specific trans population compared with the whole Dutch population.
- See also Maksut et al, 2020, for US statistics; and Tan et al (2020a) for Aotearoa/ New Zealand.

Intersectionality: Experience of abuse

- Becerra et al (2021). Data drawn from 2015 United States Transgender Survey regarding Asian Americans.
- 67% reported experiencing any abuse,
- 52% reported abuse from romantic/sexual partner(s), (See also Henry et al, 2021)
- 29% reported harassment/abuse when trying to use bathrooms.
- 82% reported suicidal thoughts,
- **40% reported suicidal attempts**
- 39% had Serious Psychological Distress.
- Any abuse/violence had higher odds of suicidal thoughts (adjusted odds ratio [aOR] = 2.67, 95% (CI):[1.98–3.58], suicidal attempts (aOR = 2.83, 95% CI:[2.18–3.68]), and SPD (aOR = 1.56, 95% CI:[1.20, 2.04]).
- Abuse from romantic/sexual partners had higher odds of suicidal thoughts (aOR = 2.47, 95% CI:[1.76–3.47]), suicidal attempts (aOR = 2.17, 95% CI:[1.68–2.80]), and SPD (aOR = 2.72, 95% CI:[2.03–3.63]).
- Experience of harassment/abuse during bathroom use had increased odds of suicidal attempts (aOR = 1.81, 95% CI:[1.41–2.31]).
- Similarly Lacombe-Duncan et al (2021) found depression linked with experience of adult violence.

Intersectionality: Age

- Bhattacharya & Ghosh (2020). Mental health status among hijra, kothi and transgender community in Kolkata, India.
- Poorer mental health among older people.

Age Group (in years)

18–29 44.01 (12.62)

30–39 38.11 (14.17)

≥ 40 46.95 (11.31)

ANOVA (p-value) 0.038**

- Conversely, Puckett, et al (2021). Found higher levels of internalized stigma, anxiety, and depression among younger people outside India.

Intersectionality: Disability

- Kattari et al (2020). 2018 Michigan Trans Health Survey (N = 659)
- 72.2% had been diagnosed with depression in their lifetime.
- 73.0% had been diagnosed with anxiety in their lifetime.
- 49.9% had had non-suicidal self-injury (NSSI) thoughts, 26.3% engaged in NSSI in the past year
- 45.4% had suicidal thoughts in the past year and 7.7% had attempted suicide.
- Greater odds of experiencing all mental health disparities among those with disabilities: (ever been diagnosed with depression (OR = 2.03, $p < 0.001$), ever been diagnosed with anxiety (OR = 3.09, $p < 0.001$), NSSI thoughts (OR = 1.56, $p < 0.05$), suicidal thoughts (OR = 2.14, $p < 0.001$), and engaging in NSSI (OR = 2.03, $p < 0.001$))

Negative attitudes towards gender diversity

- Hughto et al (2021) 545 transgender adults completed an online survey
 - 97.6% of the sample reporting exposure to negative media depictions of transgender people across a range of mediums.
 - More frequent exposure to negative depictions of transgender people in the media was significantly associated with clinically significant symptoms of depression (adjusted odds ratio [aOR] = 1.18; 95% confidence interval [CI] = 1.08–1.29; $p = 0.0003$); anxiety (aOR = 1.26; 95% CI = 1.14–1.40; $p < 0.0001$); PTSD (aOR = 1.25; 95% CI = 1.16–1.34; $p < 0.0001$); and global psychological distress (aOR = 1.28; 95% CI = 1.15–1.42; $p < 0.0001$).
- Stojanovski, et al (2021) found poor responses from mental health professionals in North Macedonia.
- Turban, et al (2020) found that Gender Identity Conversion Efforts (i.e. Conversion Therapy) are correlated with increased suicidality. (aOR, 2.27; 95% CI, 1.60-3.24; $P < .001$).
- Lee, et al (2020) found that internalised transphobia is correlated with poor mental health.
- Tan, et al (2020) found experiences of stigma in New Zealand/ Aotearoa led to increased suicidality.

Difficulties with one's body.

Austin, Holzworth, & Papciak (2021). Grounded theory 62 transgender adults (non-binary = 118, trans woman = 49, trans man = 133, genderqueer/genderfluid = 49, and two-spirit = 8).

7 themes:

- (a) Being impossible to explain,
- (b) Never being seen as me,
- (c) Living in an imposter's body,
- (d) Shapeshifting nature of gender dysphoria,
- (e) Being tortured by one's own body,
- (f) Emotional suffering, and
- (g) Disrupting impact [of gender dysphoria].

Surgery and Mental Health

- Alcon et al (2021). New BLM QoL Survey: Improvement in QoL 6 weeks and 1 year after surgery.
- Almazan & Keuroghlian (2021) Analysed the 2015 US Transgender Survey (N=27715) Undergoing 1 or more types of gender-affirming surgery was associated with lower past-month psychological distress (adjusted odds ratio [aOR], 0.58; 95% CI, 0.50-0.67; $P < .001$), **past-year smoking** (aOR, 0.65; 95% CI, 0.57-0.75; $P < .001$), and **past-year suicidal ideation** (aOR, 0.56; 95% CI, 0.50-0.64; $P < .001$).
- Papadopulos et al (2021). N=32. 82% report improved quality of life after phalloplasty.
- See also Passos, Teixeira & Almeida-Santos (2020).

Hormone Therapy:

- Baker et al, (2021) Systematic review. 20 Studies:
 - “Hormone therapy was associated with increased QoL, decreased depression, and decreased anxiety. Associations were similar across gender identity and age.
 - Certainty in this conclusion is limited by high risk of bias in study designs, small sample sizes, and confounding with other interventions.”
- Meyer et al, (2020). Satisfaction with gender-affirming hormone therapy in Germany (N=350) was significantly higher in transmen than in transwomen (100% vs 96.2%, $P = .005$). Use of antidepressants declined significantly after onset of hormone treatment in trans men (13% vs 7%; $P = .007$), but not trans women.

Legal change of ID

Restar et al (2020).

- 475 people who wanted to change their passport and drivers licence to the correct *name*.
 - Those who changed their name on both documents had lower odds of experiencing emotionally upsetting response due to gender-based mistreatment (aOR = 0.40, 95% CI = 0.25, 0.65), depression (aOR = 0.36, 95% CI = 0.17, 0.79), anxiety (aOR = 0.42, 95% CI = 0.19, 0.94), and global psychiatric distress (aOR = 0.35, 95% CI = 0.15, 0.82).
 - Those who changed their name on one document did not significantly differ with those who changed their name on no documents with respect to experiencing emotionally upsetting response due to gender-based mistreatment, depression, anxiety, somatization, or global psychiatric distress.
- 503 people who wanted to change their passport and drivers licence to the correct *gender marker*.
 - Participants who changed their gender marker on one document had approximately half the odds of experiencing emotionally upsetting response due to gender-based mistreatment compared to those who did not change their gender marker on either document (aOR = 0.54, 95% CI = 0.32, 0.91).
 - Those who changed their gender marker on one document did not significantly differ from those who changed their gender marker on no documents with respect to depression, anxiety, somatization, or global psychiatric distress.

Covid-19

Koehler, et al (2020). *How the COVID-19 pandemic affects transgender health care in upper-middle-income and high-income countries – A worldwide, cross-sectional survey.*

N=5267 Online Survey

- 73.6% had at least once in their life seriously considered suicide,
- 35.1% had had suicidal thoughts since the beginning of the COVID-19 pandemic.
- 34.5% had had at least once suicide attempt,
- 3.2% have attempted suicide since the beginning of the COVID-19 pandemic.

See also: Hunt, et al (2021); Jarrett, et al (2021); Kidd, et al (2021), Restar et al, (2021).

Conclusions:

- The mental health of gender diverse people remains poor compared to that of cisgender.
- Studies differ in terms of the mental health of different groups of gender diverse people, especially non-binary people, trans women, and trans men.
- The role of intersectionality inflects mental health outcomes.
- Physical management of gender dysphoria through the use of hormones and/or surgeries for appropriate people is of great assistance in alleviating mental distress.
- As always, discrimination and minority stress adversely affect mental health outcomes and point to the need for further society-level work to address prejudice, both explicit and implicit, against gender diverse people.
- While people who are anti-trans will always say there is not enough research, or that the research is too general, or too specific, or not long-term enough, or based on a historic cohort, (ad nauseum); there is a need for systematic data collection within clinical centres which considers [heuristic as well as abstract] outcome measures.
- We need quality, useful, research to help real [trans] people.



Thank you!
Tack så mycket!

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